

JUL 09 2009

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

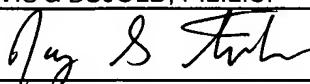
(to be used for all correspondence after initial filing)	Application Number	<b>10/591,223</b>
	Confirmation Number	
	Filing Date	<b>with an effective filing date of March 2, 2005</b>
	First Named Inventor	<b>Roger John LEACH</b>
	Group Art Unit	<b>1794</b>
	Examiner Name	<b>Prashant J. Khatri</b>
Total No. of Pages in this Submission: 21	Attorney Docket Number	<b>COLGRA P68AUS</b>

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form ..... [1] (in Duplicate)	<input type="checkbox"/> Assignment papers ..... (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee attached - Check \$691.00	<input type="checkbox"/> Drawing(s) --Annotated Sheet(s) ... Replacement Sheet(s) ...	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences ...
<input checked="" type="checkbox"/> Amendment/Response ..... [16] <input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers ...	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) ...
<input checked="" type="checkbox"/> Extension of Time Request ..... [1] (in Duplicate)	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)	<input type="checkbox"/> Proprietary Information ...
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> To Convert a Provisional Petition ...	<input type="checkbox"/> Status Letter ...
<input type="checkbox"/> Information Disclosure Stmt ...	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address ...	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer ...	Postcard
<input type="checkbox"/> Response to Missing Part/s Incomplete Application ...	<input type="checkbox"/> Small Entity Statement ...	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund ...	

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Jay S. Franklin DAVIS & BUJOLD, P.L.L.C.	Reg. No. 54,105 CUSTOMER NO. 020210
Signature		
Date	June 29, 2009	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on June 29, 2009.

Signature		Date: June 29, 2009 (amp)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$ 691.00

Complete if Known

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit

10/591,223  
with an effective filing date of  
March 2, 2005  
Roger John LEACH  
Prashant J. Khatri  
1794

Attorney Docket No.

COLGRA P68AUS

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

**WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.**

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (4)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

$$\text{Total Claims } 22 - 20 \text{ or HP} = \frac{\text{Extra Claims } 1}{\text{Fee } \$26} = \frac{\text{Fee Paid } \$26}{}$$

$$\text{Indep. Claims } 5 - 3 \text{ or HP} + \frac{\text{Extra Claims } 1}{\text{Fee } \$110} = \frac{\text{Fee Paid } \$110}{}$$

07/10/2009 TLUU22 00000038 10591223

HP = highest number of independent claims paid for, if greater than 3.

01 FC:2615

26.00 OP

02 FC:2614

110.00 OP

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

$$\text{Total Sheets } - 100 = \frac{\text{Extra Sheets } / 50}{\text{Fee } \$270/\$135} = \text{Fee Paid } \$$$

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Petition for Three Month Extension of term

\$555.00

### SUBMITTED BY

Signature	Jay S. Franklin	Telephone (603) 226-7490
Name (Print/Type)	Jay S. Franklin	Registration No. (Atty/Agent) 54,105 Date: June 29, 2009

JUL 09 2009

PATENT & TRADEMARK OFFICE  
USPTO  
LAPAO

Effective on 12/08/2004.  
pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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- Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$ 691.00

## Complete if Known

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10/591,223  
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
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Total Claims <u>22</u>	-20 or HP =	<u>Extra Claims</u> <u>1</u>	<u>Fee (\$)</u> <u>\$26</u>	<u>Fee Paid (\$)</u> <u>\$26</u>	Multiple Dependent Claims Fee (\$) <u>195</u>	Fee Paid (\$) <u>195</u>
Indep. Claims <u>5</u>	-3 or HP +	<u>Extra Claims</u> <u>1</u>	<u>Fee (\$)</u> <u>\$110</u>	<u>Fee Paid (\$)</u> <u>\$110</u>		

HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets <u> </u>	Extra Sheets <u>-100 =</u> <u>/ 50 =</u>	No. of each additional 50 or fraction thereof (round up to a whole number) x	Fee (\$) <u>\$270/\$135</u>	Fee Paid (\$) <u> </u>

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

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Signature	Jay S. Franklin	Telephone (603) 226-7490
Name (Print/Type)	Jay S. Franklin	Registration No. (Atty/Agent) 54,105 Date: June 29, 2009